

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$670.00 for date of service, 03/01/02.
- b. The request was received on 08/05/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. EOB/TWCC 62 forms/Medical Audit summary
  - d. Carrier preauthorization approval, dated 02/21/02
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. HCFA(s)
  - c. Medical Audit summary/EOB/TWCC 62 form
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 08/28/02. The Requestor did not respond as required by Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). The Carrier's initial 3 day response is reflected in Exhibit II of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: No positions statement submitted.
2. Respondent: No response statement submitted.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/01/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$800.00 for CPT Code 72126 rendered on the date of service in dispute above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for CPT Code 72126 rendered on the date of service in dispute above and denied reimbursement as "F –FEE GUIDELINE MAR REDUCTION INSUFFICIENTLY IDENTIFIED OR QUANTIFIED MODIFIER REQUIRED."
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$670.00 for cpt code 72126 rendered on the date of service in dispute above.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
03/01/02	72126	\$800.00	\$0.00	F	\$670.00	Radiology/Nuclear Medicine GR (I) (A); CPT Descriptor	The MFG Radiology GR states, "The <b>whole (WP) MAR</b> includes the professional component (PC) plus the technical component (TC). ...Identification of a procedure by the procedure with modifier '-WP' indicates that the charge includes both the 'professional' and 'technical' components." The Provider did not bill services in accordance with the MFG; therefore, no reimbursement is recommended.
<b>Totals</b>		\$800.00	\$0.00				The Requestor <b>is not</b> entitled to reimbursement.

The above Findings and Decision are hereby issued this 10th day of January 2003.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division

DT/dt